

PARKS & RECREATION DEPARTMENT 300 W. Ash, Rm. #100 Salina, KS 67401 (Office) 309-5765 (Cancellation Line) 309-5767 www.salina-ks.gov		OFFICIAL FUTSAL ROSTER (NO MORE THAN 10 PLAYERS PER TEAM!!)			
Team Name:		Manager:			
Address:		Phone: (h) (w) (Cell)			
Name	Address	Phone	Grade	Parent's Signature	Emergency Contact Name / Phone Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Added Player's Name	Address	Phone	Grade	Parent's Signature	Emergency Contact

PARENT/GUARDIAN CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern: In the event that the above named participant is taken to an emergency room or medical care facility and in need of treatment in my absence from participation in Youth Soccer, this participant's coach or any employee of the City of Salina Parks & Recreation Department and/or other sponsoring agencies, has my consent to authorize treatment for this participant by the doctor(s) of their choosing as the doctor(s) may deem necessary. I, the above-signed, do hereby acknowledge that I have given the above named participant my permission to participate in Youth Futsal with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Salina Parks & Recreation Department, St. John's Military, or other sponsoring agencies, and all of their representatives free from liability for any injury, harm, or complication resulting from participation in Youth Futsal. Further more, I do understand that accident insurance is not provided by the City of Salina Parks & Recreation Department, St. John's Military, and/or other sponsoring agencies and I hereby agree to assume full responsibility for any and all medical expenses resulting from any accidents or injuries suffered by the above named participant while participating in Youth Futsal.

PARENT-GUARDIAN SIGNATURE IS REQUIRED ABOVE!!